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ABSTRACT

There are many issues to consider in the training of psychology graduate students in a family institute setting. Training in family institute settings offers both unique opportunities and some liabilities. Advantages to training in this type of setting include: (1) the ability to fully teach a model by laying a theoretical groundwork, presenting a theory and method of intervention, demonstrating that model with clinical examples in live supervision, and supervising trainees in the treatment of cases within that model; (2) the possibility of merging research, teaching, and practice; (3) the interdisciplinary nature of the training; and (4) the presence of at least some modicum of shared vision across staff involved in training. Difficulties of training in the family institute setting concern issues of time, effort, and focus. Interface issues with the resident training program and the competing demands to which students are subjected may also arise as difficulties for the family institute. Academic programs could help by providing an academic base for work in the family institute through course work overviewing the family orientation and theories of intervention. Family institutes need to present a coherent approach to treatment and intervention that interfaces with the trainee's earlier training. Psychology programs and family institutes must think about how best to structure the interface between their programs and must work together in the pursuit of comprehensive training for their students. (NB)

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Paper: Training in Family Therapy in Family Institute Settings

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Training in Family Therapy in Family Institute Settings

It is with a great deal of enthusiasm that I participate in this symposium organized by Sheila Ribordy. Despite the widespread practice of family therapy by psychologists and other mental health professionals, over the years APA has focused little attention on the training of psychologists in a family approach. The training offered within family institute sites has gone particularly unrecognized; such training has seemed exclusively the province of other groups and other meetings. Clearly, with the creation of Division 43, the Division of Family Psychology, the relationship between organized psychology and family therapy is in the process of change. Hopefully, Sheila's kind invitation betokens the emergence of greater links between family institute training programs and the graduate training of psychologists.

Given the importance we assign in family therapy to context, I should begin with a word about the setting in which I work, the Family Institute of Chicago, so that you might understand the nature of the concept of training from which this paper germinates. The Family Institute of Chicago is not purely a family institute in the traditional sense, that is a set of free standing programs for training and service in family therapy, but a hybrid of a free standing institute and a teaching hospital based program. In addition to having extramural training programs specifically that teach a systems based orientation and how to work in the family modality, we operate a training clinic that maintains a systemic perspective but also utilizes the individual context in the treatment children and adults. We also are part of

the Institute of Psychiatry of Northwestern Memorial Hospital and our faculty serve on the faculty of Northwestern University Medical School. As such, our staff cross the boundaries of several training programs; for example, I teach family therapy not only in our own programs, but also in the APA approved Clinical Psychology program at the Medical School and am involved in the training of psychology and psychiatry residents. Our clinic is the practicum site for numerous clinical psychology graduate students, but also social workers and family physicians, and is the child and family rotation for the psychiatry residents at the hospital. This mix of activity is the product of and continues to promulgate an eclectic spirit; this spirit has coalesced in an integrative focus in our training. Thus, we offer training in a systems based approach for treating ~~as~~ individuals and couples as well as multi-generational families. In no way would we suggest that the family is the unit of choice for treatment in all cases.

There are many issues in training students in a setting of this kind. However, I will restrict attention here to those issues that surround training one group of trainees, psychologists, in the most basic tenet of our approach: a family systems orientation. Although much of the basis for my conclusions stem from work in our setting, my attempt is to label issues generic to the wide range of training experiences offered in family institutes. My specific focus is on training offered during the course of graduate education; but much of the discussion can readily be translated into a comparable set of

issues in post graduate training.

The history of the training of psychologists in family institutes has received little attention either in the disciplines of family therapy or clinical psychology. My quick perusal of the literature failed to find a single article dealing with this specific topic. The reasons for this oversight seem clear. First, family therapy has been from its beginnings an interdisciplinary endeavor, one of those rare areas in which guild issues have taken second place to the adventure of a particular kind of discovery. Given this tradition, the separation of the training of specific groups defined by profession has been an X rated topic within the field of family therapy.

A second source lies in the failure of academic psychology to embrace a systemic perspective. Psychologists have traditonally taken the individual as the unit on which to focus attention; attention to systems has largely been left to other academic domains, e.g. sociology. The circular perspective on causality basic to a family systems approach is alien to most traditions in psychology, be they psychodynamic or behavioral. The behavior of family therapists has surely contributed to the lack of understanding of a systemic perspective. Many family therapists are actively mistrustful of positivist empiricism that is a basic assumption in most psychological research, and the broad generalizations offered without research evidence in large workshops by some of the leaders of the family therapy field have further led to a skeptical attitude toward the work of family therapists within academic psychology.

Fortunately, as I noted earlier, these attitudes are in the process of changing. An empirical base is building as to the efficacy of family based interventions, leading to a more serious regard for family therapy as a modality. Statements by the leaders in the field of family therapy have tended to become less controversial, an integrative spirit is beginning to build, and psychologists are becoming more prominently represented in the community of family therapists. As psychologists and family therapists learn more about what they can learn from each other, a greater mutual respect is emerging.

As a result, more psychologists are being trained in family therapy and in family institute settings. In our own setting alone, we train approximately 20 psychology graduate students per year in our Family and Child Clinic training program in addition to offering training to as least as many psychologists in other long term training programs.

Such training of psychologists in family institute settings offers unique opportunities, yet is also prone to particular liabilities. In the remainder of this paper I will list these strengths and difficulties to overcome, and suggest some ways psychology programs and family institutes might work together in the pursuit of comprehensive training.

Foremost among the advantages of training in the family institute setting is the ability to fully teach a model; that is: to lay a theoretical groundwork, present a theory and method of intervention, demonstrate that model with clinical examples in live supervision, and supervise trainees in the treatment of

cases within that model. The family institute can offer a consistent frame for intervention in which the student can become immersed. In our Family and Child Clinic training program, trainees usually enter with an individual focused perspective and little experience with families and usually emerge with both a systemic perspective and a set of competences in the treatment of cases.

A related advantage lies in the possibility of merging of research, teaching and practice. At the Family and Child Clinic, our supervisees are trained in the problem-centered method of treatment developed by Bill Pinsof; they offer this treatment to our cases, and the process and outcome of this treatment becomes the subject of our research. Thus, in the family institute, a coherence can be built across these diverse domains.

A third major advantage in training in institute settings lies the inter-disciplinary nature of the training. The mental health field often resembles a tower of Babel in which each of the professions speaks their own language and express a sense of inate superiority. The multi-disciplinary nature of training in family institutes confronts the trainee with the ever present reality of the competence of professionals in other disciplines and opens the great advantage of learning from their alternate frames. In our setting, we have in our training groups not only psychologists, psychiatrists, and social workers, but also family physicians and pediatricians. In our group supervision format, the interplay between these groups represents a remarkable benefit, allowing for a truly wholistic approach to the treatment of each case. From this base trainees emerge with not only a

greater appreciation of family systems but also of biological factors, health issues, the broader social matrix, and individual psychology.

A fourth strength of the family institute lies in the presence of at least some modicum of shared vision across staff involved in training. Although the specific school of family intervention may differ across staff members, systems theory and a family based approach to intervention provide a bridge across all those involved in training, a bridge unlikely in a more diverse academic setting. This shared vision can then come to permeate the experience of the trainee, promoting the leap to a systemic viewpoint.

Thus, the family institute offers several striking advantages as a training site for psychologists. However, the family institute does not offer a panancea as a training experience; in such training lie many pitfalls which must be overcome. At the heart of the difficulties faced within the family institute are the issues which surround time, effort, and focus. The trainee, save for an internship or residency placement, is rarely in the institute setting over 20 hours per week; the total span of training is likely to be a single year. In this time frame, much must be accomplished. Students entering our training rarely have had more than a single overview course in family treatment. This means that a coherent framework must be presented that must include not only a broad frame, but also a strategy to structure interventions and a set of interventions and competence. that can allow for the carrying out of this

strategy. Further, mastering a family approach implies the need to work with a broad spectrum of clientele, ranging from young children though older adults, and from the most to least disturbed, as well as raising a unique set of ethical and legal issues that must be addressed. The trainee needs a vast array of information about a broad set of methods of intervention. How are we to condense this into so brief a time frame, while also insuring some reasonable degree of competence in the treatment offered to the cases being supervised?

A complication here is that training at family institutes often occurs with neophytes in the broader field of psychotherapy. When this is the case, the pressure is all the greater, and the needs of the trainees broader. Do we accent the pragmatic to the exclusion of the theoretical in the interest of obtaining some minimal level of competence? Do we teach them only a systems viewpoint and allow them to emerge with little feeling for the dynamics of individuals? Here, the problems become even more complex.

Given the constraints of time, family institutes must make choices about where to center training. In these choices may germinate the source of future problems. For example, although mastering a theoretical base should be central to any training, given the pragmatics of training in a site where cases are being treated, such theoretical considerations can take a back seat to more pressing issues, e.g. the trainee's need to know how to deal with an adolescent's suicidal threats in the family he is seeing. Theory is likely to lose its central focus in this process. The more leisure pace of the academic environment allows for a

greater focus on these broader issues.

Similarly, a breadth of range of intervention may be sacrificed to the relative safety of mastering a few key interventions and a simple intervention strategy. Some programs explicitly teach such a narrow band approach, e.g. systemic treatment in the Milan tradition. Such programs present a greater simplicity and less problems for the trainee, but at the cost of tapping less of the richness of the family experience and increasing some of the paradigm clash I will described in a moment.

Interface issues with the resident training program also may arise as difficulties for the family institute. As I noted earlier, it is the rare psychology graduate program that offers more than a single course in family theory or therapy; at the center of most graduate programs is one or more philosophies of individual treatment. Thus, the student may not only arrive ill prepared for a family training experience, but may continue to receive a conflicting set of messages about the treatment of cases between graduate program and training site. There is the opportunity for a dialectic between these approaches from which the student can emerge with unique insights, but too often a battle emerges in which the trainee becomes involved in a triangle between training programs. This battle may be overt but also may occur on a more subtle covert level in which the ideas offered by the family institute program come up against those already held by the student. Family and institutional loyalties run deep even when the student is in minimal contact with her

graduate program. To the extent either program teaches exclusively one scholastic form of treatment, the interface issue becomes even more salient, since a common language and understanding is likely to be absent. In integrative settings such as our own, we are able to reduce this paradigm clash; however, even in such settings the interface issues often become sources of difficulty.

A final set of problematic considerations for the family institute centers in the competing demands to which students are subjected. The student being trained in the institute site is also likely to be pursuing academic requirements (coursework, dissertations, papers) while in training. Time constraints emerge in terms of the trainee's involvement, most acutely experienced around suggestions for reading related to the training experience. A constant refrain of the trainee is that they wish there were more time to do such reading, but....and then refer to any of a series of academic requirements they are in the midst of completing. A sequalae of multiple referent groups in which tasks are centered is competing demands for time.

Having traversed this series of advantages and liabilities in training psychologists in the family institute setting, an obvious conclusion emerges: that family institutes and graduate programs each offer unique opportunities, and that the student will be far better served if they can work in tandem rather than independently. A few perhaps radical suggestions are in order. First, a thought for academic programs. Family therapy is a major orientation in treatment applicable to a wide range of families, couples, and even those who are thought of as without families

(i.e. clients in individual treatment no longer living with their families of origin) and now has considerable body of evidence for its efficacy. Psychologists should have training in this world view and modality; whether they do or not, they probably will wind up treating couples and families at some time in their careers. An academic base for this work can best be created in the academic program through course work overviewing the family orientation and theories of intervention. If the academic program lacks a faculty member trained in such an orientation, family institutes offer a source of part time faculty for the academic program who could be hired to teach courses in this area.

Second, a suggestion for family institutes. The family institute needs to present a coherent approach to treatment and method of intervention that in some way interfaces with the trainee's earlier training. There are actually two parts to this suggestion. First, a coherent model needs to be presented, coupled with opportunities to treat cases guided by this model. I would offer as an example our own Family and Child Clinic Training Program. In this program, students are presented a theoretical overview of the problem centered model, lectures on particular modes and strategies of intervention, practice in particular specific interventions, opportunities to observe their supervisors in live supervision interviews, and group and individual supervision on their cases; all aimed toward the single goal of training in a systems based intervention strategy.

The second part of my suggestion to family institutes is

that their approach must attempt to interface with earlier training experiences. Obviously, integrative viewpoints that incorporate aspects of more traditional approaches and even include the individual modality will span this gap more readily than will more narrowly focused approaches. Models such as the problem centered approach developed by my colleague Bill Pinsof are especially useful in this regard. However, whatever the treatment philosophy, there must be respect for earlier experiences and some effort to translate the method of intervention into terms understandable within other models. Here Marv Goldfreid's work on establishing a common language within psychotherapy is particularly relevant. The attitude of all too many centers has been that that non-systemic training is useless or even wrongheaded; as these attitudes encounter the individual focus of most training programs in psychology the interface problems noted earlier are augmented. These parochial attitudes need to be altered if family institutes are to successfully interface with psychology training programs.

Third, family institutes and psychology training programs both need to explicitly think about how best to structure the interface between their programs. This involves not only maintaining contact and mutual understanding but developing a common understanding of where and at what point in training a systems approach fits into the curriculum. Here I would offer two general suggestions. First, a systems approach should be introduced early in the academic training experience, and not be treated as a second class theory to be only introduced later in graduate education after an individual paradigm is deeply

ingrained. To withhold coursework in a systems approaches is to multiply the difficulties of the student in ultimately encountering these approaches.

Second, more and more, I am convinced that a family oriented program such as a family institute is notthe best site for a first practicum or clinical training experience. There simply are too many intricacies to manage in family treatment to make this a reasonable entree into the world of psychotherapy. Trainees need to first master working with one individual and then can move on to more than one; to approach treatment from the opposite direction constitutes the training equivalent of of flooding and is likely to lead to unplanned negative effects on trainees and their patients.

A logical progression from work with one person to work with more than one seems optimal. However, our theoretical parochialism at the moment blocks such a progression. By the time students have entered our setting, we often literally need to untrain certain attitudes about working with families learned in earlier individually focused training experiences; often the existence of a systemic perspective has never been discussed in the context of academic coursework. For the notion of a progression to work, these attitudes will need to be altered. At present, the family institute often faces the unfortunate reality of needing to impact on students early in their experience if they are ever to become open to a systemic philosophy.

Ideally, the natural complimentarity between the purpose of the academic training program and the family institute can serve

as the source for a successful merging of the goals of training across sites. In combination, these programs can provide a broad theoretical base for family training and a specific set of strategies and techniques for treatment. My hope is that with the expanded interest in family therapy among psychologists and in the training of psychologists among family therapists, such a complimentarity can emerge. We already see evidence of this in our training programs in Chicago, and we can hope for such cooperation on a broader basis in the future.

Psychologists have from the first been involved in the family therapy movement. However, at the institutional level, psychologists and family therapy are only beginning to discover each other. As they do, the possibilities for the advancement of work in both settings are immense. The result need not be a battle between clashing paradigms nor the loss of the distinct identities of these settings, but instead can be the development of complimentary roles in a truly systemic education that includes both the individual and the family system.